

State of Hawaii
Department of Human Services
Benefits, Employment and Support Services Division
Employment and Child Care Program

Addendum No. 8

November 21, 2008

To

Request for Proposals

HMS 903-09-01-S
Temporary Assistance for Needy Families (TANF)
Purpose One Through Four Services
September 8, 2008

November 21, 2008

ADDENDUM NO. 8

To

REQUEST FOR PROPOSALS
Temporary Assistance for Needy Families (TANF) Purpose One Through Four
Services
HMS 903-09-01-S

The Department of Human Services, Benefit, Employment and Support Services Division, Employment and Child Care Program is issuing this addendum to HMS 903-09-01-S, Temporary Assistance for Needy Families (TANF) Purpose One Through Four Services for the purposes of:

- ☐ Responding to questions that arose at the orientation meeting of <Date> and written questions subsequently submitted in accordance with Section 1-V, of the RFP.
- ☒ Amending the RFP.
- ☐ Final Revised Proposals

The proposal submittal deadline:

- ☐ is amended to <new date>.
- ☒ is not amended.
- ☐ for Final Revised Proposals is <date>.

Attached is (are):

- ☐ A summary of the questions raised and responses for purposes of clarification of the RFP requirements.
- ☒ Amendments to the RFP.
- ☐ Details of the request for final revised proposals.

If you have any questions, contact:
U'ilani Hayes, Program Specialist

808-586-7088
ghayes@dhs.hawaii.gov
820 Mililani Street, Suite 606
Honolulu, HI 96813

HMS 903-09-01-S Temporary Assistance for Needy Families (TANF) Purpose One
Through Four Services is amended as follows:

Subsection Page

Section 1, Service Specifications

No changes

Section 2, Service Specifications

IV (2) 2-10 Amended to add:
(Refer to the table below)

TANF Purpose 3 and 4

4. Positive youth development programs including life skills training, mediation skills, and tutoring assistance in the after-school hours from 1:40 to 6:00 pm for students in grades 6 through 8 in Kapaa Middle, Chiefess Kamakahelei Middle, and Waimea Canyon schools on Kauai.		
Contract Cost	\$	396,000.00
Milestone #1	\$	198.00 per student (Max \$79,200)
Student receives outreach services and information (400 students)		
Milestone #2	\$	247.50 per student (Max: \$99,000)
Complete orientation, registration, and program service plan (400 students)		
Milestone #3	\$	9,900.00 per monthly report (Max: \$118,800)
Monthly report of students that have completed at least 75% of program activities as described in their program plan.		
Milestone #4	\$	247.50 per student (Max: \$99,000)
Completion of student program plan (400 students)		

Section 3, Proposal Application Instructions

No Changes

Section 4, Proposal Evaluation

No Changes

Section 5, Attachments

List of Attachments

Summary Report Form
Milestone Achievement Form

Department of Human Services
Benefit, Employment and Support Services Division
HMS 903-09-01-S

TANF Purpose 3 - Positive Youth Development
Monthly Performance Measures and Reimbursement Report

Contract Cost **\$ 396,000.00**

Report Period **January 1 - January 31, 2009**

Program Description Positive youth development programs including life skills training, mediation skills, and tutoring assistance in the after-school hours from 1:40 to 6:00 pm for students in grades 6 through 8 in Kapaa Middle, Chiefess Kamakahelei Middle, and Waimea Canyon schools on Kauai.

Milestone #1	\$ 198.00 per outreach activity (Max \$79,200)
Milestone Description	Student receives outreach services and information (400 Students)

Name of Student	Date Received Outreach Services
Name	Date
Name	Date
Name	Date
Name	Date

Number of clients for the month

4

Amount requested

\$ 792.00

Milestone #2	\$ 247.50 per intake (Max \$99,000)
Milestone Description	Complete intake and assessment of participant. (400 participants)

Client Name	Intake/Assessment Date
Name	Date
Name	Date
Name	Date
Name	Date

Number of clients for the month

4

Amount requested

\$ 990.00

Milestone #3	\$ 9,900.00 per monthly report (Max \$118,800)
Milestone Description	Monthly report of students that have completed at least 75% of program activities as described in their program plan.

Client Name	Plan Start Date	Plan Monthly Hrs. (Scheduled)	Plan Monthly Hrs. (Actual)
Name	Date	# of Hrs	# of Hrs
Name	Date	# of Hrs	# of Hrs
Name	Date	# of Hrs	# of Hrs
Name	Date	# of Hrs	# of Hrs

Number of clients completing 75% of program hours for the month

4

Amount requested

\$ 9,900.00

Department of Human Services
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HMS 903-09-01-S

TANF Purpose 3 - Positive Youth Development
Monthly Performance Measures and Reimbursement Report

Milestone #4	\$ 247.50 per intake (Max \$99,000)
Milestone Description	Completed program plan

Client Name	Plan End Date
Name	Date
Name	Date
Name	Date
Name	Date

Number of clients compliant for the month
Amount requested

4
\$ 247.50

TOTAL AMOUNT REQUESTED

\$ 11,929.50

